

OS-823

26(e) of the Federal Rules of Civil Procedure.

REQUESTS FOR PRODUCTION

REQUEST NO. 1: See George Jackson response

1. All grievances, complaints, or other correspondence relating to, regarding or arising out of the incidents alleged in the Amended Complaint, including, but not limited to, all grievances or complaints submitted by each Plaintiff to Department of Correction personnel, responses thereto, and any related correspondence between each Plaintiff and Department of Correction personnel.

REQUEST NO. 2:

2. All correspondence relating to, regarding or arising out of the incidents alleged in the Amended Complaint, including, but not limited to, any correspondence between friends or family members of each Plaintiff or other inmates and Department of Correction personnel.

REQUEST NO. 3: None

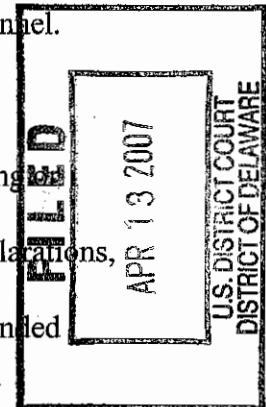
3. Any statements, declarations, petitions, or affidavits relating to, regarding or arising out of the incidents alleged in the Amended Complaint and any statements, declarations, or affidavits of each Plaintiff, other inmates, or witnesses to the allegations in the Amended Complaint.

REQUEST NO. 4: None

4. Any tests, reports, studies or any other documents relating to, regarding or arising out of the incidents alleged in the Amended Complaint.

REQUEST NO. 5:

5. All criminal history records for each Plaintiff from any other state besides Delaware for the past 15 years. Refer to Interrogatories number #8.



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REQUEST NO. 6:

6. All medical records for each Plaintiff relating to, regarding or arising out of the incidents alleged in the Amended Complaint.

REQUEST NO. 7: See Interrogatories Number #10.

7. All medical records for each Plaintiff for the past 15 years.

REQUEST NO. 8:

8. Any and all document(s) referenced or identified in Plaintiff's Responses to Interrogatories served contemporaneously herewith.

**STATE OF DELAWARE
DEPARTMENT OF JUSTICE**

~~/s/ Eileen Kelly~~
~~Eileen Kelly (I.D. 2884)~~
~~Deputy Attorney General~~
~~820 N. French St., 6th Floor~~
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~~eileen.kelly@state.de.us~~
~~Attorney for Defendants~~

Dated: March 8, 2007

Dated: 4-10-07

Darwin Savago

- Dawn R. SHAW GE
2. Identify the individual by whom it was made, the individual to whom it was directed, and all individuals present when it was made; and
 3. Identify any document in which it was recorded, described or summarized; and
 4. Identify any such document sought to be protected.

INTERROGATORIES¹

- 1) With respect to each and every claim in the Amended Complaint:
 - (a) Identify all facts that refute, relate to, or support your contention;
 - (b) Identify the specific behavior or conduct that you allege that each Defendant engaged in;
 - (c) Identify all persons with knowledge of such contention or facts;
 - (d) Identify all documents that reflect, refer to or relate to such contention or facts.

RESPONSE: *I agree with everything on the Complaint.*

¹ Please submit additional pages, if necessary.

- 2) Identify all documents which you intend to offer into evidence at the trial of this matter. *No Documents at This time.*

RESPONSE:

- 3) Identify all persons having knowledge of the allegations in the complaint or answer whom you intend to call as witnesses at trial, excluding expert witnesses.

RESPONSE: *Have no knowledge at This time*

- 4) Identify all persons whom you intend to call as witnesses at trial, excluding expert witnesses. *Do not know at This time*

RESPONSE:

- 5) Identify any physical evidence which relates in any way to any of the facts alleged in the complaint or answer, or which you intend to offer in evidence at trial. *None at This*

RESPONSE:

- 6) Identify each expert you expect to call to testify as a witness at trial and state for each such expert, (i) the qualifications of the expert, (ii) the subject matter on which the expert is expected to testify, (iii) the substance of the facts and opinions to which the expert is expected to testify and (iv) the summary of the grounds for such opinion.

RESPONSE: *Have none funds*

- 7) State the following about yourself:

- a. Full name, and any other names you have gone by or used,
- b. Social Security Number
- c. Date of birth, and any other date of birth you may have used or given,
- d. Place of birth
- e. Highest level of formal education that you successfully completed

RESPONSE: *A. Darwin A. Savage
B. 225-25-3545
C. 6-12-70
D. Melfa VA.
E. Gradeunited*

- 8) Identify all of your criminal convictions in the past 15 years, including the court, jurisdiction, date of conviction, date of sentencing, and the terms of the sentence.

RESPONSE: *objection. This Request has no relevance to Plaintiff's claims, request information beyond the scope of Rule 26.*

- 9) Identify all employment you have had in the past 15 years, including the name and address of each employer, name of supervisor, dates of employment, rate of pay, job title and responsibilities, and reason for termination.

RESPONSE: *objection. This Request has no relevance to Plaintiff's claims, request information beyond scope of Rule 26.*

- 10) Identify all physicians you have seen or been treated by in the past 10 years, including name, office address, telephone number, dates of examination or treatment, and the medical problem involved, if any.

RESPONSE: *objection. You would have to acquire my medical records, from D.o.C.*

- 11) Identify and describe all accidents, injuries and ailments you have had in the past 15 years, including the history of any mental illness.

RESPONSE: Sinus and eyes problems

- 12) Identify in detail the precise injury or harm you allege was sustained as a result of the allegations in the Complaint.

RESPONSE: Aggravation of sinus and eye problems

Heat exhaustion, mental anguish pain and discomfort for long hour limited use rest room.
Humiliation and embarrassment

- 13) Describe any medical treatment you received as a result of the allegations in the Complaint, specifically addressing:

- a. whether you requested any medical treatment at the Sussex Correctional Institution which you believe in any way resulted from the allegations in your complaint; and
b. the date and method used for any request listed in subparagraph a. of this interrogatory.

RESPONSE:

Seek no medical treatment other than getting of work.

- 14) State whether you filed a complaint or grievance at the correctional institution or with the Department of Correction about the subject matter of each and every claim in your

Complaint. If so, when were they filed, with whom were they filed, and what was the response?

If not, why not? *My name was attached to the grievance that inmate George Jackson, because we can not file more than one grievance on a single incident*

RESPONSE:

15) State the total amount of compensatory damages you are claiming and the computation used to arrive at the sum. *100,000, minimum*

RESPONSE: *for each day I work under the extreme work conditions.*

16) Either prior to or subsequent to the alleged incident(s) referred to in the Amended Complaint, have you ever suffered any injuries, illness or diseases in those portions of the body claimed by you to have been affected as alleged in the Amended Complaint? If so, state: *No*

- a. A description of the injuries or diseases you suffered, including the date and place of occurrence;
- b. The names and addresses of all hospitals, doctors, or practitioners who rendered treatment or examination because of any such injuries or diseases.

RESPONSE:

17) Have you, or anyone acting on your behalf, obtained from any person any statement, declaration, petition, or affidavit concerning this action or its subject matter? If so, state:

- The name and last known address of each such person; and
- When, where, by whom and to whom each statement was made, and whether it was reduced to writing or otherwise recorded.

RESPONSE: *No*

**STATE OF DELAWARE
DEPARTMENT OF JUSTICE**

/s/ Eileen Kelly
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Dated: March 8, 2007

4-10-07
Date

Darwin Savage

IM: Darwin Sage BLDG. Director
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GEORGETOWN, DELAWARE 19947



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